

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
AT&T CALLING CARD APPLICATION/
CANCELLATION/REVISION FORM**

Facility Name:	Cost Center:	Date:
Employee (Assignee) Name:		Employee #:
Payroll Title:	Telephone #:	
Contact Person:	Telephone #:	
Justification for Request Below (include brief description of duties performed):		

REQUEST

CALLING RANGE CODE
(Please check one)

001 _____
 002 _____
 003 _____
 004 _____

CALLING RANGE PRIVILEGES (CRP)

California State
 50 United States
 50 US States, DDD* Mexico and Canada
 United States and International

* Direct Distance Dialing (DDD) refers to those calls that can be dialed directly without the assistance of a telephone operator.

CANCEL/REVISE

Effective _____, please cancel/revise the assigned calling card:

Reason for

Cancellation:

☐ Terminated

☐ Not Needed

☐ Unauthorized Use/Charges

☐ Transferred

☐ Lost/Stolen/Destroyed

Revision: From Calling Range Code _____ To Calling Range Code _____

Transferred : From _____ To _____

<i>Authorized Approvals</i>	
Program Head/Supervisor	Date
Deputy Director/District Chief	Date
Chief Administrative Deputy	Date

RECEIVED BY: _____ **Date** _____

Name